

The Immunization Status Summary Report Packet

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- Report of Students in Noncompliance with Missouri School Immunization Law Tool
 - Note: This report does not need to be returned. It can be used as a tool for tracking students that are in noncompliance with the Missouri School Immunization Law.
- Sample letter for students with missing immunizations or incomplete immunization records

Items that need to be returned by October 15, 2014

- 2014-2015 Summary Report of Immunization Status of Missouri Public, Private, Parochial and Parish School Children (Form)



2014-2015 Missouri School Immunization Requirements

- All students must present documentation of up-to-date immunization status, including month, day, and year of each immunization before attending school.
- The Advisory Committee on Immunization Practices allows a 4-day grace period. Students in all grade levels may receive immunizations up to four days before the due date.
- For children beginning kindergarten during or after the 2003-04 school year, required immunizations should be administered according to the current Advisory Committee on Immunization Practices Schedule, including all spacing, (<http://www.cdc.gov/vaccines/schedules/index.html>).
- To remain in school, students "in progress" must have an Immunization In Progress form (Imm.P.14), which includes the appointment date for needed immunizations, on file and must receive immunizations as soon as they become due.

In progress means that a child has begun the vaccine series and has an appointment for the next dose. This appointment must be kept and an updated record provided to the school. If the appointment is not kept, the child is no longer in progress and is noncompliant. (i.e., Hep B vaccine series was started but the child is not yet eligible to receive the next dose in the series.)

- Religious (Imm.P.11A) and Medical (Imm.P.12) exemptions are allowed. The appropriate exemption card must be on file. Unimmunized children are subject to exclusion from school when outbreaks of vaccine-preventable diseases occur.

Vaccines Required for School Attendance	Doses Required by Grade												
	K	1	2	3	4	5	6	7	8	9	10	11	12
DTaP/DTP/DT ¹	4+	4+	4+	4+	4+	4+	4+	4+	4+	4+	4+	4+	4
Tdap ²									1	1	1	1	1
IPV (Polio) ³	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+
MMR ⁴	2	2	2	2	2	2	2	2	2	2	2	2	2 measles, 1 mumps, 1 rubella required, however 2 MMRs are highly recommended.
Hepatitis B	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+
Varicella ⁵	2	2	2	2	2	1	1	1	1	1	No doses required, however vaccination is highly recommended		

- Last dose on or after the fourth birthday and the last dose of pediatric pertussis before the seventh birthday. **Maximum needed:** six doses.
- 8-12 Grades: Tdap, which contains pertussis vaccine, is required. **If a student received a Tdap, the student is up-to-date. Tdap is currently licensed for one dose only; an additional dose is not needed.**
- Kindergarten-4 Grade: Last dose must be administered on or after the fourth birthday. The interval between the next-to-last and last dose should be at least six months.
5-12 Grades: Last dose on or after the fourth birthday. If all four doses are administered appropriately and received prior to the fourth birthday, an additional dose is **not** needed. Any combination of four doses of IPV and OPV by four-six years of age constitutes a complete series. **Maximum needed:** four doses.
- First dose must be given on or after twelve months of age.
- First dose must be given on or after twelve months of age.

Kindergarten-4 Grade: As satisfactory evidence of disease, a licensed health care provider may sign and place on file with the school a written statement documenting the month and year of previous varicella (chickenpox) disease.

5-9 Grades: As satisfactory evidence of disease, a parent/guardian or MD or DO may sign and place on file with the school a written statement documenting the month and year of previous varicella (chickenpox) disease.





MEDICAL EXEMPTION

WHAT YOU NEED TO KNOW

Immunizations are the best protection against serious diseases. Vaccines are safe and effective and were developed to protect individuals from dangerous and sometimes deadly diseases.

However, some children cannot be immunized for medical reasons. Claiming a medical exemption represents a physician's determination that the child is allergic to some immunization components, has an immune deficiency or has an illness such as cancer.

These individuals are at greater risk of exposure to any vaccine-preventable disease that can be life-threatening. To protect those who cannot be vaccinated and the entire community, unimmunized children could be excluded from school and child care during disease outbreaks. This can cause hardship for the child and parent.

A medical exemption can be obtained from the local health department or physician. The medical exemption must be signed by a physician and filed with the school administrator or child care facility.

Immunizations may save your child's life.





RELIGIOUS EXEMPTION

WHAT PARENTS NEED TO KNOW

Immunizations are the best protection against serious diseases. Vaccines are safe and effective and were developed to protect individuals from dangerous and sometimes deadly diseases.

Choosing not to immunize a child greatly increases the risk of getting serious diseases like pertussis, measles, mumps and chickenpox that can cause severe complications such as heart failure; difficulty breathing and swallowing; brain damage; and deafness.

Children who are not immunized can transmit vaccine-preventable diseases throughout the community to babies who are too young to be fully immunized or to others who cannot be immunized for medical reasons. Exposure to any vaccine-preventable disease could be life-threatening.

Actively choosing not to immunize a child by claiming a religious exemption is a parent's right; however, it carries significant responsibility. To protect inadequately vaccinated individuals and the entire community, unimmunized children could be excluded from school during disease outbreaks. This can cause hardship for the child and parent. No exceptions are made, regardless of the circumstances.

Claiming a religious exemption represents a parent or guardian's belief that the family's religious preference does not support immunizing against vaccine-preventable diseases.

A religious exemption can be filed for selected vaccines or for all vaccines. Parents and guardians should indicate which vaccines are included on the Religious Immunization Exemption. The exemption can be obtained from the local health department and must be completed and filed with the school administrator.

It is unlawful for any child to attend school unless the child has been adequately immunized or unless the parent or guardian has signed and filed a Religious Immunization Exemption.

Immunizations may save your child's life.





CHILDREN IN PROGRESS

WHAT YOU NEED TO KNOW

Immunizations are the best protection against serious diseases. Vaccines are safe and effective and were developed to protect individuals from dangerous and sometimes deadly diseases.

Unfortunately, some children fall behind in getting their age-specific immunizations required for child care and school attendance.

According to Missouri regulation, children who have not received immunizations required for child care and school attendance cannot attend until their immunizations are up-to-date. However, a child is allowed to attend if the required immunization series has begun and an appointment for the next dose is scheduled. This immunization appointment must be documented on an in progress card and filed with the child care facility or school.

The appointment must be kept and an updated immunization record must be provided to the child care facility or school. If the appointment is not kept, the child is no longer in progress and is noncompliant and cannot attend child care or school.

An in progress exemption can be obtained from the local health department or a physician. The in progress card must be signed by a physician, public health nurse or designee and filed with the school administrator or child care facility.

Immunizations may save your child's life.



Missouri Immunization Exemptions



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES MEDICAL IMMUNIZATION EXEMPTION

REQUIRED UNDER THE STATE IMMUNIZATION LAWS (SECTION 167.181 AND SECTION 210.003, RSMo) OF CHILDREN ATTENDING PUBLIC, PRIVATE, OR PAROCHIAL PRESCHOOL, DAY CARE CENTER, PRESCHOOL, OR NURSERY SCHOOL.

Unimmunized children have a greater risk of contracting and spreading vaccine-preventable diseases to babies who are too young to be fully immunized and those who cannot be immunized due to medical conditions. In the event of an outbreak or suspected outbreak of a vaccine-preventable disease within a particular facility, children who are not fully immunized or do not have documented laboratory evidence of immunity shall not be allowed to attend school or day care until the local health authority declares the designated outbreak or health emergency has ended.

THIS IS TO CERTIFY THAT	NAME OF CHILD (PRINT OR TYPE)
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IS EXEMPT FROM RECEIVING THE FOLLOWING IMMUNIZATION(S) BECAUSE:

☐ The child has documentation of disease or laboratory evidence of immunity to the disease. _____ (MONTH/YEAR)

☐ The physical condition of the above-named child is such that immunization would endanger their life or health or is medically contraindicated due to other medical conditions.

☐ DIPHTHERIA ☐ HEPATITIS B ☐ HIB

☐ PERTUSSIS ☐ PNEUMOCOCCAL ☐ POLIO

☐ VARICELLA ☐ OTHER _____

PHYSICIAN/PHYSICIAN'S DESIGNEE NAME (PRINT OR TYPE)

PHYSICIAN SIGNATURE _____ DATE _____

MO 580-0807 (6-12) Imm.P. 12



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES RELIGIOUS IMMUNIZATION EXEMPTION

Required under the Missouri State immunization law (Section 167.181, RSMo) of children attending public, private, and parochial or parish schools.

We strongly encourage you to immunize your child, but ultimately the decision is yours. Please discuss any concerns you have with a trusted healthcare provider or call the immunization coordinator at your local or state health department. Your final decision affects not only the health of your child, but also the rest of your family, the health of your child's friends and their families, classmates, neighbors, and community.

Unimmunized children have a greater risk of contracting and spreading vaccine-preventable diseases to babies who are too young to be fully immunized and those who cannot be immunized due to medical conditions. In the event of an outbreak or suspected outbreak of a vaccine-preventable disease within a particular facility, children who are not fully immunized or do not have documented laboratory evidence of immunity shall not be allowed to attend school or day care until the local health authority declares the designated outbreak or health emergency has ended.

THIS IS TO CERTIFY THAT	NAME OF CHILD (PRINT OR TYPE)
-------------------------	-------------------------------

SHOULD BE EXEMPTED FROM RECEIVING THE FOLLOWING CHECKED IMMUNIZATION(S) BECAUSE IMMUNIZATION IS CONTRARY TO MY RELIGIOUS BELIEFS:

☐ DIPHTHERIA ☐ HEPATITIS B ☐ MMR ☐ PERTUSSIS

☐ TETANUS ☐ VARICELLA ☐ OTHER _____

PARENT/GUARDIAN NAME (PRINT OR TYPE) _____ PARENT/GUARDIAN SIGNATURE _____

MO 580-1723 (4-12) Imm.P. 11A



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES IMMUNIZATIONS IN PROGRESS

REQUIRED UNDER THE STATE IMMUNIZATION LAWS (SECTION 167.181 AND SECTION 210.003, RSMo) OF CHILDREN ATTENDING PUBLIC, PRIVATE, OR PAROCHIAL PRESCHOOL, DAY CARE AND NURSERY SCHOOL ATTENDANCE.

In the event of an outbreak or suspected outbreak of a vaccine-preventable disease within a particular facility, children who are not fully immunized or do not have documented laboratory evidence of immunity shall not be allowed to attend school or day care until the local health authority declares the designated outbreak or health emergency has ended.

THIS IS TO CERTIFY THAT	NAME OF CHILD (PRINT OR TYPE)
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received the following immunization(s) on _____ MONTH/DAY/YEAR as required by State Immunization Laws

☐ DIPHTHERIA ☐ HEPATITIS B ☐ HIB ☐ MMR

☐ PERTUSSIS ☐ PNEUMOCOCCAL ☐ POLIO ☐ TETANUS

☐ VARICELLA ☐ OTHER _____

and is scheduled to return on _____ MONTH/DAY/YEAR

NOTE: This child is in compliance with Missouri Immunization Laws as long as he/she continues to receive appropriate immunizations at the correct intervals according to the Advisory Committee on Immunization Practices (ACIP) recommendations.

PHYSICIAN/PUBLIC HEALTH NURSE/DESIGNEE NAME (PRINT OR TYPE)

PHYSICIAN/PUBLIC HEALTH NURSE/DESIGNEE SIGNATURE _____ DATE _____

MO 580-0828 (6-12) Imm.P. 14

Vaccine Identification

VACCINE	DIFFERENT BRANDS AND ABBREVIATIONS		
Diphtheria, Tetanus, Acellular Pertussis	Acel-Imune Daptacel Infanrix Kinrix (Combined with IPV) Pentacel (Combined with IPV and Hib) Tetramune (Combined with Hib) abbreviated TTR TriHIBit (Combined with Hib) (DTaP/Hib) Pediarix (Combined with IPV and Hep B) Certiva DTaP Tripedia		
Diphtheria and Tetanus	DT		
Tetanus	Decavac	TT (Tetanus Toxoid)	Td
Tetanus, Diphtheria Acellular Pertussis	Tdap	Adacel	Boostrix
Haemophilus Influenzae type b (Hib)	ActHIB Hboc H-FLU HibTITER PedvaxHIB ProHIBit PRP-T Comvax (Combined with Hep B) Tetramune (Combined with DTP) Abbreviated TTR TriHIBit (Combined with DTaP) (DTap/Hib) Pentacel (Combined with DTaP and IPV) HbCV HbPV Hib OmniHIB Pro-D PRP-OMP Hiberix		
Hepatitis A	HAV Hep A	Havrix Twinrix (Combined with Hep B)	VAQTA
Hepatitis B	Engerix-B Hep B Recombivax-HB Comvax (Combined with Hib) Pediarix (Combined with DTaP and IPV) Twinrix (Combined with Hep A)		HBV Heptavax
HepA/HepB	Twinrix (Hep A and Hep B combined)		
Human Papilloma Virus	HPV	Gardasil	Cervarix

Vaccine Identification

Influenza	Flu Flumist Fluzone TIV	Fluarix Fluvirin LAIV Afluria	FluLaval Agriflu
Measles, Mumps, Rubella	MMR MMRV (Measles, Mumps, Rubella combined with Varicella) ProQuad (Measles, Mumps, Rubella combined with Varicella)	M-M-R II	
Measles, Mumps, Rubella, Varicella	MMRV	ProQuad	
Measles	Attenuvax		
Mumps	Mumpsavax		
Rubella	Meruvax II		
Meningococcal	MCV4 Menomune MPSV	Menactra Men Vaccine Menveo	
Pneumococcal	PCV-7 (Prevnar) PCV-13 (Prevnar) PNE (Pneumo) Pneumovax 23	Pneumococcal Conjugate Pnu-Immune-23 PPV-23 PPSV	
Polio	eIPV IPV Ipol Pediarix (Combined with DTaP and Hep B) Pentacel (Combined with DTaP and Hib) Kinrix (Combined with DTaP)	OPV (Oral Polio) TOPV (Oral Polio) Orimune (Oral Polio)	
Rotavirus	RotaTeq RV	Rotashield Rotarix	
Varicella (Chickenpox)	VAR MMRV (Varicella combined with Measles, Mumps, Rubella) ProQuad (Varicella combined with Measles, Mumps, Rubella)	Varivax	
Zoster	Zostavax		

Immunization Quality Improvement Regional Contacts

Northwest:

Rhonda Luther
Phone: 816.632.7903
Fax: 816.632.1636
Rhonda.Luther@health.mo.gov

Rebecca White
Phone: 816.350.5470
Fax: 816.350.7691
Rebecca.White@health.mo.gov

Central:

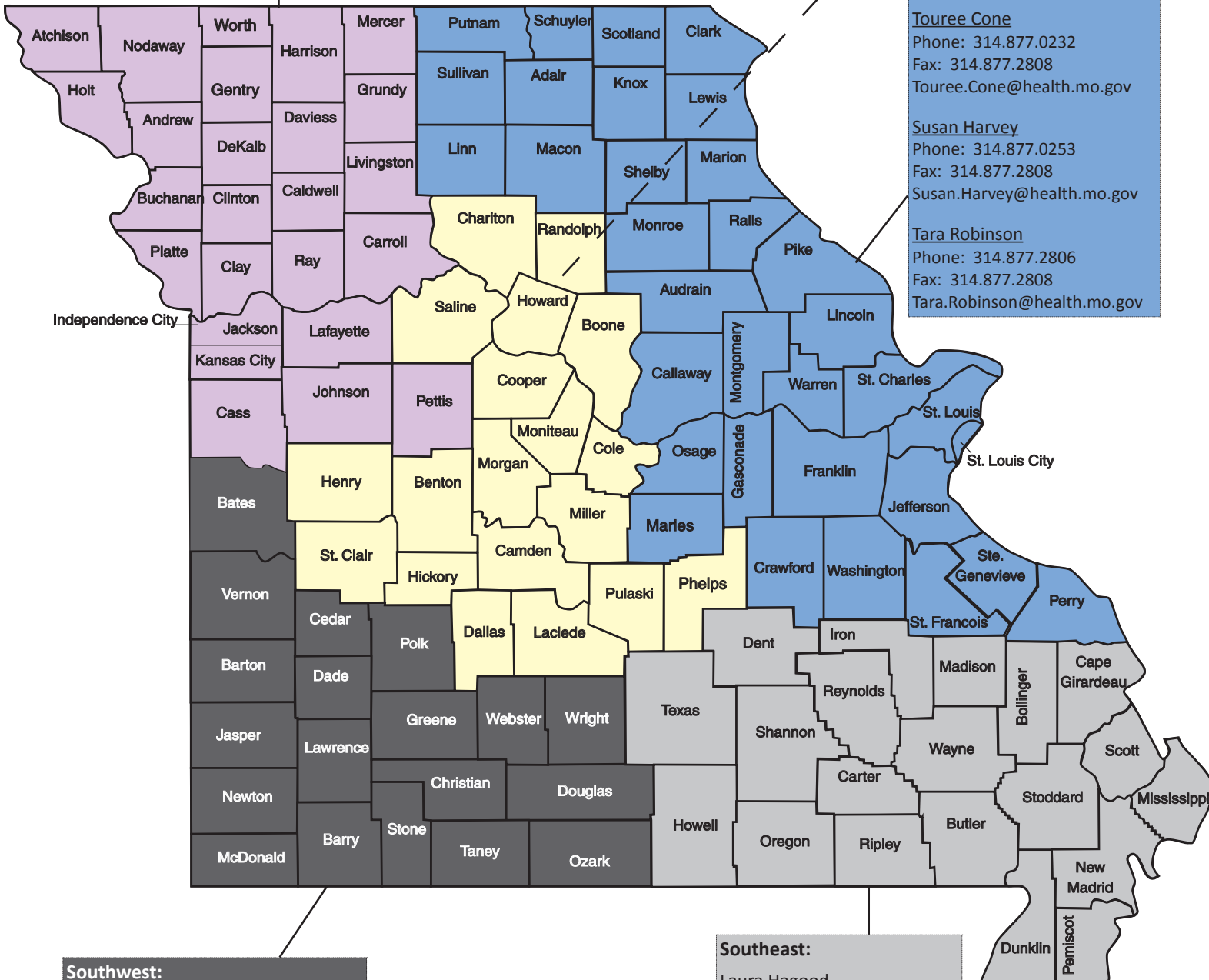
Linda Powell
Phone: 573.522.2801
Fax: 573.526.0238
Linda.Powell@health.mo.gov

Eastern:

Touree Cone
Phone: 314.877.0232
Fax: 314.877.2808
Touree.Cone@health.mo.gov

Susan Harvey
Phone: 314.877.0253
Fax: 314.877.2808
Susan.Harvey@health.mo.gov

Tara Robinson
Phone: 314.877.2806
Fax: 314.877.2808
Tara.Robinson@health.mo.gov



Southwest:

Nancy Minter
Phone: 417.895.6914
Fax: 417.895.6975
Nancy.Minter@health.mo.gov

Teri Utter
Phone: 417.895.6908
Fax: 417.895.6975
Teri.Utter@health.mo.gov

Southeast:

Laura Hagood
Phone: 573.840.9107
Fax: 573.840.9119
Laura.Hagood@health.mo.gov



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
2014-2015 SUMMARY REPORT OF IMMUNIZATION STATUS OF
MISSOURI PUBLIC, PRIVATE, PAROCHIAL AND PARISH SCHOOL CHILDREN

By OCTOBER 15, 2014, this completed CD-31 form must be forwarded to:
Missouri Department of Health and Senior Services
Bureau of Immunization Assessment & Assurance
P.O. Box 570
Jefferson City, MO 65102-0570
(573) 751-6124 toll free 1-800-219-3224

Phone:

Email Address:

Prepared by:

☐ Medical Professional

☐ Other

Have received immunization record review training?

☐ Yes

☐ No

Date:

Approved By (Superintendent or School Administrator):

2014-2015	Grade Level													UN- GRADED
	K	1	2	3	4	5	6	7	8	9	10	11	12	
TOTAL NUMBER OF STUDENTS ENROLLED														
DTAP/DT/TD/TDAP	4+ doses	4+ doses	4+ doses	4+ doses	4+ doses	4+ doses	4+ doses	4+ doses	4+ doses	4+ doses	4+ doses	4+ doses	4 doses	
Students fully immunized														
Students in progress (See ACIP Schedule)														
Students with medical exemption														
Students with religious exemption														
Students noncompliant with immunization records														
Students with no immunization records														
TDAP									1 dose	1 dose	1 dose	1 dose	1 dose	
Students fully immunized														
Students with medical exemption														
Students with religious exemption														
Students noncompliant with immunization records														
Students with no immunization records														
POLIO	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	
Students fully immunized														
Students in progress (See ACIP Schedule)														
Students with medical exemption														
Students with religious exemption														
Students noncompliant with immunization records														
Students with no immunization records														
MMR (MEASLES, MUMPS, RUBELLA)	2 doses	2 doses	2 doses	2 doses	2 doses	2 doses	2 doses	2 doses	2 doses	2 doses	2 doses	2 doses	2 measles, 1 mumps, 1 rubella	
Students fully immunized														
Students in progress (See ACIP Schedule)														
Students with medical exemption														
Students with religious exemption														
Students noncompliant with immunization records														
Students with no immunization records														
HEPATITIS B	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	
Students fully immunized														
Students in progress (See ACIP Schedule)														
Students with medical exemption														
Students with religious exemption														
Students noncompliant with immunization records														
Students with no immunization records														
VARICELLA	2 dose	2 dose	2 dose	2 dose	2 dose	1 dose	1 dose	1 dose	1 dose	1 dose				
Students fully immunized														
Students in progress (See ACIP Schedule)														
Students with proof of disease														
Students with medical exemption														
Students with religious exemption														
Students noncompliant with immunization records														
Students with no immunization records														
Total children with medical exemptions														
Total children with religious exemptions														

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 20—Division of Community and Public Health
Chapter 28—Immunization 19 CSR 20-28.010 Immunization
Requirements for School Children

PURPOSE: This rule establishes minimum immunization requirements for all students in accordance with recommendations of the Advisory Committee on Immunization Practices (ACIP) and the Interstate Compact on Educational Opportunity for Military Children.

(1) As mandated by section 167.181, RSMo, each superintendent of a public, private, parochial, or parish school shall have a record prepared showing the immunization status of every child enrolled in or attending a school under the superintendent's jurisdiction. The school superintendent shall make a summary report to the Department of Health and Senior Services no later than October 15 of each school year. This date is necessitated by the law which prohibits the enrollment and attendance of students who are in noncompliance. This report shall include aggregate immunization information by grade or age by vaccine antigen, number of students enrolled, number of students in compliance with state immunization requirements, number of students in progress, number of students with signed medical exemption, number of students with signed religious exemption, number of students noncompliant with immunization record, and number of students with no immunization record. Each school superintendent or designee shall submit a summary report for all schools under the administrator's jurisdiction. Separate reports for each school should not be submitted, although separate lists shall be maintained in each school for auditing purposes.

(A) Exclusion of students in noncompliance, section 167.181, RSMo. Students cannot attend school unless they are properly immunized and can provide satisfactory evidence of the immunization or unless they are exempted. The school administration shall exercise its power of pupil suspension or expulsion under section 167.161, RSMo, and possible summary suspension under section 167.171, RSMo, until the violation is removed. Transfer students in noncompliance shall not be permitted to enroll or attend school. Students who were enrolled during the previous school year shall be denied attendance for the current school year if not in compliance. Under section 160.2000, RSMo, children of military families shall be given thirty (30) days from the date of enrollment to obtain any required immunization, or initial vaccination for a required series of immunizations. A student determined to be homeless by school officials may be enrolled in school for no more than thirty (30) days prior to providing satisfactory evidence of immunization. If the homeless student's immunization record is not obtained within the thirty (30) days and the student is still eligible for services under the homeless education program, the student must begin the immunization series and demonstrate that satisfactory progress has been accomplished within ninety (90) days. If the homeless student is exempted from receiving immunizations, then after the initial thirty- (30-) day enrollment, the student must provide documentation in accordance with the exemption requirements included herein. For the purpose of this paragraph, a homeless student shall be defined as a student who lacks a fixed, regular, and adequate nighttime residence; or who has a primary nighttime residence in a supervised publicly or privately operated shelter or in an institution providing temporary residence or in a public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings.

(B) This rule is designed to govern any student, regardless of age, who is attending a public, private, parochial, or parish school. If the specific age or grade recommendations are not mentioned within this rule, the Missouri Department of Health and Senior Services should be consulted.

(C) It is unlawful for any student to attend school unless the student has been immunized according to this rule or unless a signed statement of medical or religious exemption is on file with the school administrator. In the event of an outbreak or suspected outbreak of a vaccine-preventable disease within a particular facility, the administrator of the facility shall follow the control measures instituted by the local health authority or the Department of Health and Senior Services pursuant to 19 CSR 20-20.040.

1. Medical exemption. A student shall be exempted from the immunization requirements of this rule as provided in section 167.181, RSMo, upon signed certification by a licensed doctor of medicine (MD), doctor of osteopathy (DO), or his or her designee indicating that either the immunization would seriously endanger the student's health or life or the student has documentation of disease or laboratory evidence of immunity to the disease. The Department of Health and Senior Services form Imm.P.12, included herein, shall be placed on file with the school immunization health record for each student with a medical exemption. This need not be renewed annually.

2. Religious exemption. A student shall be exempted from the immunization requirements of this rule as provided in section 167.181, RSMo, if one (1) parent or guardian objects in writing to the school administrator that immunization of that student violates his/her religious beliefs. This exemption on Department of Health and Senior Services form Imm.P.11A, included herein, shall be signed by the parent or guardian and placed on file with the school immunization health record. This need not be renewed annually.

3. Immunization in progress. Section 167.181, RSMo, provides that students may continue to attend school as long as they have started an immunization series and provide satisfactory evidence indicating progress is being accomplished. A Department of Health and Senior Services form Imm.P.14, included herein, shall be completed and placed on file with the school immunization health record of each student with immunizations in progress. Failure to meet the next scheduled appointment constitutes noncompliance with the school immunization law and exclusion shall be initiated immediately. Refer to subsection (1)(A) of this rule regarding exclusion of students in noncompliance.

(2) For school attendance, students shall be immunized against vaccine-preventable diseases as established by the Department of Health and Senior Services and provide required documentation of immunization status. Age- or grade-appropriate vaccine requirements shall be according to the attachments listed in section (4), which are included herein. Review of immunization requirements for school entry shall be conducted annually by each school superintendent or designee. Proposed revisions to the immunization requirements shall be recommended by the State Advisory Committee on Childhood Immunizations and the State Board of Health and be made available by the Department of Health and Senior Services by May 1 of each calendar year. Revisions to school immunization requirements shall be required for school attendance one (1) full year after publication in the *Code of State Regulations*, beginning with the first day of school of that school year.

(A) One (1) dose of varicella vaccine shall be required for all students starting kindergarten as of and after the beginning of the 2005–2006 school year through the end of the 2009–2010 school year.

(B) Two (2) doses of varicella vaccine shall be required for all students starting kindergarten as of and after the beginning of the 2010–2011 school year.

(C) One (1) dose of Tdap (tetanus, diphtheria, and pertussis) vaccine shall be required for all students starting eighth grade as of and after the beginning of the 2010–2011 school year.

(3) The parent or guardian shall furnish the superintendent or designee satisfactory evidence of immunization or exemption from immunization.

(A) Satisfactory evidence of immunization means a statement, certificate, or record from a physician or his or her designee, other recognized health facility, immunization registry, school record, or child care record stating that the required immunizations have been given to the person and verifying the type of vaccine. This statement, certificate, or record shall provide documentation of the specific antigen and the month, day, and year of vaccine administration. However, if a student starting kindergarten as of and after the beginning of the 2010–2011 school year has had varicella (chickenpox) disease, a licensed healthcare provider (e.g., school or occupational clinic nurse, nurse practitioner, physician assistant, physician) may sign and place on file with the superintendent or designee a written statement documenting previous varicella (chickenpox) disease. For students starting kindergarten as of and after the beginning of the 2005–2006 school year through the end of the 2009–2010 school year, the parent or guardian or a licensed doctor of medicine (MD) or doctor of osteopathy (DO) or his or her designee may sign and place on file with the superintendent or designee a written statement documenting previous varicella (chickenpox) disease. The statement may contain wording such as: "This is to verify that (name of student) had varicella (chickenpox) disease on or about (date) and does not need varicella vaccine."

AUTHORITY: section 192.006, RSMo 2000, and sections 167.181 and 192.020, RSMo Supp. 2011. This rule was previously filed as 13 CSR 50-110.010. Original rule filed April 24, 1974, effective May 4, 1974. Rescinded and readopted: Filed April 17, 1980, effective Aug. 11, 1980. Amended: Filed Feb. 1, 1983, effective May 12, 1983. Amended: Filed Oct. 3, 1986, effective Dec. 25, 1986. Amended: Filed July 1, 1987, effective Sept. 11, 1987. Amended: Filed Aug. 4, 1988, effective Oct. 13, 1988. Amended: Filed May 31, 1989, effective Aug. 24, 1989. Amended: Filed Nov. 2, 1990, effective March 14, 1991. Amended: Filed April 2, 1991, effective Aug. 30, 1991. Amended: Filed Nov. 4, 1992, effective Aug. 1, 1993. Emergency amendment filed July 12, 1993, effective Aug. 1, 1993, expired Sept. 9, 1993. Amended: Filed April 5, 1993, effective Sept. 9, 1993. Emergency amendment filed May 3, 1994, effective May 13, 1994, expired Sept. 9, 1994. Emergency amendment filed July 28, 1994, effective Aug. 6, 1994, expired Dec. 3, 1994. Amended: Filed April 18, 1994, effective Nov. 30, 1994. Amended: Filed May 3, 1994, effective Nov. 30, 1994. Emergency amendment filed Nov. 29, 1994, effective Dec. 8, 1994, expired April 6, 1995. Amended: Filed Aug. 15, 1994, effective Feb. 26, 1995. Amended: Filed Aug. 16, 1996, effective Jan. 30, 1997. Amended: Filed Jan. 14, 1999, effective July 30, 1999. Amended: Filed Sept. 16, 2002, effective Feb. 28, 2003. Amended: Filed Sept. 23, 2003, effective April 30, 2004. Amended: Filed Oct. 1, 2008, effective March 30, 2009. Amended: Filed Nov. 30, 2011, effective June 30, 2012.*

**Original authority: 167.181, RSMo 1963, amended 1972, 1973, 1992, 1993, 1995, 1996, 2001; 192.006, RSMo 1993, amended 1995; and 192.020, RSMo 1939, amended 1945, 1951, 2004*

Completing the Summary Report of Immunization Status of Missouri Public, Private, Parochial and Parish School Children

1. Ensure the name of the school or school system and address on the top portion of the form are correct. If not, make corrections on the label.
2. Enter the phone number and email address of the individual preparing the form.
3. Enter name in the “Prepared by” and check the box for “Medical Professional” or “Other” and indicate by checking the “Yes/No” if preparer has received immunization record review training.
4. For **each grade**, enter the current enrollment.
5. For **each grade** and **each required immunization** enter the following:
 - The number of students fully immunized.
 - The number of students in progress to complete immunization series. (**In progress means student is waiting to complete the series, but is not eligible to receive vaccine due to timeframe between doses**).

An Immunizations In Progress form (Imm.P.14) must be on file.

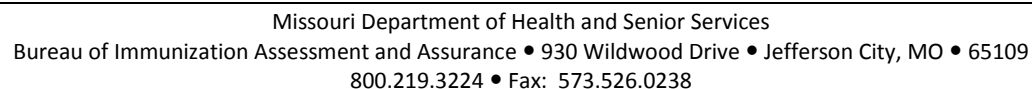
- The number of students with proof of disease, for varicella only.
 - The number of students with a **Medical Immunization Exemption** form (Imm.P.12) on file.
 - The number of students with a **Religious Immunization Exemption** form (Imm.P.11A) on file.
 - The number of students who do not have all immunizations required for their grade level, but have an immunization record.
 - The number of students who do not have an immunization record.
 - The total number of children with medical exemptions.
 - The total number of children with religious exemptions.
6. Enter date and obtain the necessary signature and send to the Missouri Department of Health and Senior Services, Bureau of Immunization Assessment and Assurance, P.O. Box 570, Jefferson City, MO 65102, by October 15, 2014.





NOTE: This tool is to help track students that are in noncompliance with the Missouri School Immunization Law.

NAME OF SCHOOL OR SCHOOL SYSTEM	SCHOOL ID NO.	DATE	CONTACT PERSON
STREET	COUNTY		CITY OR TOWN AND ZIP CODE

[illegible]

(SCHOOL LETTERHEAD)

Dear Parent/Guardian:

State law and health regulations require students to be properly immunized and provide verification to attend school, unless they are exempt.

Children attending school must be immunized against diphtheria, tetanus, pertussis, polio, measles, mumps, rubella hepatitis B and varicella. All students are required to provide documentation that includes the month, day and year the vaccine was administered.

Immunization records for your child are incomplete and the below information outlines your child's immunization status. Please take this to your medical provider so your child can be properly immunized and attend school.

If your child has had the immunization(s) noted below, please send or bring a record from a medical provider no later than _____. Please call _____, with any questions.

Sincerely,

☐ **No immunization record on file - provide a complete immunization record.**

☐ **Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT, Td, Tdap)**

m Series incomplete. (Dose[s] needed _____).

m Last dose of (DTaP, DTP or DT) was received before fourth birthday (last dose was ____/____/____).

m Tdap needed for eighth, ninth, tenth, eleventh and twelfth grade entry.

m Tdap/Td - 10 year booster (last dose was ____ / ____/ ____).

☐ **Polio (IPV, OPV)**

m Series incomplete. (Dose[s] needed _____).

m Last dose of Polio was received before fourth birthday (last dose was ____/____/____).

☐ **Measles, Mumps and Rubella**

m Series incomplete. (Dose[s] needed _____ Measles immunization _____ Mumps immunization _____ Rubella immunization).

m Vaccination for Measles, Mumps and Rubella is required since initial vaccines were received before first birthday.

☐ **Hepatitis B**

m Series incomplete. (Dose[s] needed _____).

NOTE: Students who are 11-15 years of age may use the following as a guide for the 2-dose Merck Recombivax Hepatitis B vaccine schedule – Dose 1 on initial visit; Dose 2 on 4-6 months after Dose 1.

☐ **Varicella (Kindergarten, First, Second, Third, Fourth, Fifth, Sixth, Seventh, Eighth and Ninth Grade)**

m Series incomplete. (Dose[s] needed _____ or written statement from doctor of medicine (MD) or doctor of osteopathy (DO) indicating month and year of disease).

m Vaccination for Varicella is required since vaccine was received before first birthday.